

WALTER J. OLSON & ASSOCIATES

MANAGEMENT CONSULTANTS

370 MAPLE AVENUE WEST, SUITE 4

VIENNA, VIRGINIA 22180-5015

TELEPHONE (703) 356-6919

FAX (703) 356-5085

FAX COVER SHEETTO: Federal Election CommissionFAX NUMBER: (202) 219-0174TELEPHONE NUMBER: (202) 694-1100

FROM: WALTER J. OLSON

TELEPHONE NUMBER: (703) 356-6919

FAX NUMBER: (703) 356-5085

DATE SENT: 2/22/14TIME SENT: 1:50 PM

TRANSMISSION: This transmission consists of this cover sheet

plus 3 additional pages.MESSAGE: Attached is A FEC Form 5 (2/21/14 through 2/21/14)
for Gun Owners of America, Inc.CLIENT: GOA

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation Gun Owners of America, Inc.		3. FEC Identification Number C 90011693
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 8001 Forbes Place, Suite 102		
(c) City, State and ZIP Code Springfield, VA 22151		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report☐ July 15 Quarterly Report☒ 24-Hour Report☐ October 15 Quarterly Report☐ 48-Hour Report☐ January 31 Year-End Reportb) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on

5. COVERING PERIOD:

FROM 02 21 2014

THROUGH 02 21 2014

6. TOTAL CONTRIBUTIONS..... 12,690.00

7. TOTAL INDEPENDENT EXPENDITURES 12,690.00

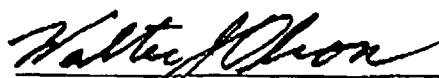
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Walter J. Olson



2/22/14

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-A **ITEMIZED RECEIPTS**

PAGE 2 OF 3

2 3

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)

Gun Owners of America, Inc.

A. Full Name (Last, First, Middle Initial)

Gun Owners of America, Inc.

Mailing Address

88001 Forbes Place, Suite 102

City

State

Zip Code

Springfield, VA 22151

FEC ID number of contributing federal political committee.

C

Date of Receipt

02 21 2014

Amount of Each Receipt this Period

12,690.00.

Name of Employer

Occupation

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Date of Receipt

Amount of Each Receipt this Period

Name of Employer

Occupation

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Date of Receipt

Amount of Each Receipt this Period

Name of Employer

Occupation

D. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Date of Receipt

Amount of Each Receipt this Period

Name of Employer

Occupation

SUBTOTAL of Receipts This Page (optional)

12,690.00.

TOTAL This Period (last page carry total to Line 6)

12,690.00.

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 3 OF 3
 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Gun Owners of America Inc.

Full Name (Last, First, Middle Initial) of Payee

Port Arthur News

Date of Public Distribution/Dissemination

02 22 2014

Mailing Address

3501 Turtle Creek Drive

Amount

12,690.00

City

State

Zip Code

Port Arthur, TX 77642

Purpose of Expenditure

Postcard mailing

Category/
Type

Office Sought:

☒ House

State: TX

☐ Senate

District: 36

☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Dave Norman

Check One:

☒ Support☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

12,690.00

Disbursement For: ☒ Primary☐ General☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One:

☐ Support☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary☐ General☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One:

☐ Support☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary☐ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... 12,690.00

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures..... 12,690.00
(carry total from last page forward to Line 7)

**Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<p>The document preceding this page was received by FAX at the FEC. The receiving FAX Machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.</p>	
N/A PREPARER	N/A DATE PREPARED

(8/2013)